Federal Update for February 23 - 27, 2015

Statement from Secretary of Veterans Affairs Robert A. McDonald on Oscar Win for HBO Documentary Highlighting Life-Saving Work of Veterans Crisis Line

Washington – Secretary of Veterans Affairs Robert A. McDonald issued the following statement on the Oscar win for the HBO documentary CRISIS HOTLINE: VETERANS PRESS 1.

"We are pleased that this film has highlighted the challenges our Veterans can face and the work of our dedicated Veterans Crisis Line staff to save lives and get Veterans into care," said VA Secretary Robert McDonald. "We are hopeful that this documentary will help raise awareness of this important issue with the American public. Our Veterans in crisis need to know that there is hope and asking for help makes them stronger."

VA Medical Marijuana ► Veterans Equal Access Act

A bipartisan bill introduced in the House of Representatives 3 FEB would allow VA doctors to recommend medical marijuana to military veterans in states where it is legal. The Veterans Equal Access Act would allow VA doctors to recommend or offer opinions about medical marijuana for veterans suffering from serious injuries or chronic conditions like post-traumatic stress disorder. VA doctors are currently prohibited from aiding patients seeking medical use of marijuana. "Post-traumatic stress and traumatic brain injury can be more damaging and harmful than injuries that are visible from the outside," said Rep. Earl Blumenauer (DOR), a co-sponsor of the bill. "And they can have a devastating effect on a veteran's family. We should be allowing these wounded veterans access to the medicine that will help them survive and thrive, including medical marijuana -- not treating them like criminals and forcing them into the shadows. It's shameful."

Nearly 30 percent of veterans who served in the Iraq and Afghanistan wars suffer from PTSD and depression, according to a 2012 VA report. Some research has suggested marijuana may help PTSD symptoms, which can include anxiety, flashbacks and depression. A recent study found that PTSD symptoms in patients who smoked cannabis were reduced an average of 75 percent. Other co-sponsors of the bill include Reps. Sam Farr (D-CA), Jared Polis (D-CO), Dina Titus (D-NV), Justin Amash (R-MI), Richard Hanna (RNY), Walter Jones (R-NC), Tom Reed (R-NY), and Dana Rohrabacher (R-CA). Currently, 23 states allow the medical use of marijuana. Ten of

those states, as well as Guam, allow doctors to recommend medical marijuana for PTSD-related symptoms. The plant remains illegal under federal law for all uses. “The men and women who served in Iraq and Afghanistan have made tremendous sacrifices for our country," said Dan Riffle, director of federal policies for Marijuana Policy Project. "They deserve every option available to treat their wounds, both visible and hidden." [Source: Huff Post | Matt Ferner | Feb. 03, 2015 ++]

Following is a Summary of Veteran Related Legislation Introduced in the House and Senate Since the Last Bulletin was Published

- H.R.627: **Homeless Vet Definition Expansion.** A bill to amend title 38, United States Code, to expand the definition of homeless veteran for purposes of benefits under the laws administered by the Secretary of Veterans Affairs. Sponsor: Rep Hahn, Janice [CA-44] (introduced 1/30/2015)
- H.R.643: **Survey of VA Educational Assistance Use.** A bill to direct the Secretary of Veterans Affairs to enter into a contract with a non-government entity to conduct a survey of individuals who have used or are using their entitlement to educational assistance under the educational assistance programs administered by the Secretary of Veterans Affairs, and for other purposes. Sponsor: Rep Bilirakis, Gus M. [FL-12] (introduced 2/2/2015)
- H.R.658: **VA Regional Office Accountability Act**. A bill to amend title 38, United States Code, to require the Secretary of Veterans Affairs to submit to Congress an annual report on the performance of the regional offices of the Department of Veterans Affairs. Sponsor: Rep Meng, Grace [NY-6] (introduced 2/2/2015)
- H.R.667: **Authorize VA to Advise Vets Regarding State Marijuana Programs Participation.** A bill to authorize the Department of Veterans Affairs health care providers to provide recommendations and opinions to veterans regarding participation in State marijuana programs. Sponsor: Rep Blumenauer, Earl [OR-3] (introduced 2/3/2015)
- H.R.675: **Veterans' Compensation Cost-of-Living Adjustment Act of 2015.** A bill to increase, effective as of December 1, 2015, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for other purposes. Sponsor: Rep Abraham, Ralph Lee [LA-5] (introduced 2/3/2015)
- H.R.677: **VA Automatic COLA Compensation Adjustments for Disability/DIC.** A bill to amend title 38, United States Code, to provide for annual cost-of-living adjustments to be made automatically by law each year in the rates of disability compensation for veterans with service connected disabilities and the rates of dependency and indemnity compensation for survivors of certain service-connected disabled veterans. Sponsor: Rep Abraham, Ralph Lee [LA-5] (introduced 2/3/2015)

- H.R.748: **VA Post-9/11 Educational Assistance Program Expansion.** A bill to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to provide additional educational assistance under the Post-9/11 Educational Assistance Program of the Department of Veterans Affairs to certain eligible individuals. Sponsor: Rep McKinley, David B. [WV-1] (introduced 2/5/2015)
- H.R.763: **VA Vet Choice Pilot Program.** A bill to direct the Secretary of Veterans Affairs to carry out a pilot program under which eligible veterans may elect to receive hospital care and medical services at non-Department of Veterans Affairs facilities, and for other purposes. Sponsor: Rep LoBiondo, Frank A. [NJ-2] (introduced 2/5/2015)
- H.R.800: **VA Alternative Appeals Process Pilot Program**. A bill to direct the Secretary of Veterans Affairs to carry out a pilot program to provide veterans the option of using an alternative appeals process to more quickly determine claims for disability compensation. Sponsor: Rep O'Rourke, Beto [TX-16] (introduced 2/5/2015)
- H.R.802: **TRICARE Chiropractic Health Care Services Plan.** A bill to require the Secretary of Defense to develop and implement a plan to provide chiropractic health care services and benefits for certain new beneficiaries as part of the TRICARE program. Sponsor: Rep Rogers, Mike D. [AL-3] (introduced 2/5/2015)
- H.R.868: **TRICARE Program/ Health Savings Account Coordination.** To provide for coordination between the TRICARE program and eligibility for making contributions to a health savings account, and for other purposes. Sponsor: Rep Stewart, Chris [UT-2] (introduced 2/11/2015)

Related Bills: S.448

- S.374: **Extend VA Choice Act.** A bill to amend the Veterans Access, Choice, and Accountability Act of 2014 to extend the requirement of the Secretary to furnish hospital care and medical services through non-Department of Veterans Affairs entities to veterans residing in certain locations. Sponsor: Sen Shaheen, Jeanne [NH] (introduced 2/4/2015)
- S.398: **VA Chiropractic Care and Services.** A bill to amend the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 and title 38, United States Code, to require the provision of chiropractic care and services to veterans at all Department of Veterans Affairs medical centers and to expand access to such care and services, and for other purposes. Sponsor: Sen Moran, Jerry [KS] (introduced 2/5/2015)
- S.448: **TRICARE Program/ Health Savings Account Coordination.** A bill to provide for coordination between the TRICARE program and eligibility for making contributions to a health savings account, and for other purposes. Sponsor: Sen Moran, Jerry [KS] (introduced 2/11/2015)

Related bills: H.R. 868

- S.469: **DoD/VA Vet Reproductive Assistance.** A bill to improve the reproductive assistance provided by the Department of Defense and the Department of Veterans Affairs to severely wounded, ill, or injured members of the Armed Forces, veterans, and

their spouses or partners, and for other purposes. Sponsor: Sen Murray, Patty [WA] (introduced 2/11/2015) [Source: https://beta.congress.gov & http: //www.govtrack.us/congress/bills Feb. 13, 2015 ++]

Family Care Giving ► Chronic Health Problem Risk for TBI Partners

Some loved ones who care for veterans with brain injuries may be at increased risk for chronic health problems, a new study indicates. "Traumatic brain injuries can result in devastating physical and cognitive [mental] impairments," study co-author Karen Saban, an associate professor in the School of Nursing at Loyola University Chicago, said in a university news release. "Grief, anger and blame are common among caregivers who are left to cope with these profound disabilities and the loss of the person they once knew. These feelings may put these individuals at risk for inflammatory-related disease," she explained.

In the study, the researchers looked at 40 wives or partners caring for U.S. veterans with traumatic brain injuries. The caregivers provided information about their levels of grief and stress, as well as symptoms of depression. Each morning, their saliva was tested for levels of TNF-alpha, a substance associated with inflammation and chronic conditions such as heart disease. The caregivers reported having levels of grief that were similar to those of people who have lost a loved one, but grief was not linked with TNF-alpha levels or inflammation in general, the study found. However, elevated levels of TNF-alpha were detected in caregivers who said they had high levels of blame and anger associated with their grief, according to the study published recently in the journal Biological Research for Nursing.

While the study showed an association between feelings of anger and blame and levels of a marker for heart disease and other inflammation-related conditions, it did not prove a cause-and-effect link. "This research gives us a better understanding of the relationship between blame, anger, grief and inflammation," Saban said in the news release. "This may assist clinicians in identifying caregivers who are at greatest risk for developing inflammatory-related health problems and managing them appropriately." Since 2000, more than 240,000 U.S. military personnel have been diagnosed with a traumatic brain injury. Of these, nearly 43,000 have a moderate or severe brain injury, according to the news release. [Source: HealthDay News | Feb. 9, 2015 ++]

TRICARE Consolidation ► Cost Impact on Beneficiaries

The Pentagon's 2016 budget request revisits a proposal pitched last year — unsuccessfully — to consolidate Tricare into a single system, while also suggesting new fees designed to steer families away from using emergency rooms for routine care. The $47.8 billion health budget request would do away with Tricare's current structure and replace it with a single system designed to encourage beneficiaries to seek care from military facilities or network providers — or pay more. Like the plan introduced last year, the latest proposal calls for consolidating

Tricare Prime, Tricare Standard and Tricare Extra into one Tricare program. But unlike the plan floated last year, the new version would not increase co-payments or cost-shares for active-duty families seen at military hospitals and clinics or in the network. However:

- They would pay between $10 and $20, depending on sponsor's rank, for care they seek without a referral to a network physician — similar to the Tricare Extra option offered now, which gives a discount to family members who are not enrolled in Prime but choose to see a network physician.
- Cost-shares for visits to out-of-network providers for family members would rise to 20 percent of the Tricare allowable charge, up from the current 15 percent.
- They also would pay new fees for using emergency rooms at military treatment facilities or civilian hospitals for non-emergent care, ranging from $30 to $70 depending on the rank of the sponsor.

When military families cannot get an appointment at their primary care physician for urgent care — either because appointments are full or they need care outside office hours — they often turn to military or civilian emergency rooms for primary care visits. According to the budget documents, planners felt that the new fee structure provides options for active-duty families to get care at no cost when appointments are not available at their military treatment facility or through their primary care physician, minimizing the need for nonemergency visits to the ER. For other beneficiaries, the fiscal 2016 budget proposal is strikingly similar to the plan floated in the 2015 budget, which made very little headway in Congress last year. The proposal calls for:

- Retirees below age 65 and their family members to pay annual "participation fees," (currently called enrollment fees). Starting in 2017, annual fees would rise to $289 for an individual, up from $277.92, and to $578 for a family, up from $555.84.
- Retirees to begin making co-payments for services at military treatment facilities, ranging from $10 for a primary care visit to between $20 and $50 for specialty care, urgent care, emergency room services and ambulatory surgery.
- Visits to a network provider for retirees and family members would range from a $20 co-payment for primary care to $100 for a network ambulatory surgery visit.
- For all out-of-network care, retiree cost-shares would remain at 25 percent of the Tricare allowable amount.
- Future beneficiaries using Tricare For Life to begin paying an enrollment fee for the program based on a percentage of gross retired pay — 0.5 percent in 2016 — and capped at $150 a year for a family and $200 for retired flag and general officers.
- By 2019, TFL enrollees would pay a fee amounting to 2 percent of gross retired pay, up to a maximum of $614. Flag officers would pay up to $818 by 2019.
- Active-duty families' catastrophic caps rise to $1,500 for network or $2,500 for combined network and non-network visits, while all others would see an increase to $3,000 for network and $5,000 combined.

One proposal that would touch all Tricare users would be future hikes in co-pays for generic prescriptions purchased through retail pharmacies and increases in brand name drugs, both at retail pharmacies and by mail. Prescriptions would continue to be filled free for everyone at military treatment facilities and generic drugs also would be available at no charge through Tricare's mail order system. Generics would cost $8 at a retail pharmacy in 2016 and would remain at that level through fiscal 2018. Brand names would rise to $28 per prescription, up from the current $17. Medications not on the Tricare formulary now are tightly restricted. While they cost $44 in 2014, they are available only on a limited basis now at retail pharmacies. Costs for mail order prescriptions also would rise, to $28 from $16 for brand name medications in 2016. Unlike retail pharmacy prescriptions, medications filled by mail are for 90 days. Nonformulary medications would still be available by mail, with co-pays rising to $54 from the current $46. Medications would continue to be dispensed free of charge at military pharmacies.

While Congress approved a small increase to Tricare pharmacy fees in the fiscal 2015 defense budget, Pentagon officials said the additional measures are needed to encourage more patients to use mail order and generic brands. According to Pentagon estimates, the average active-duty family of three averages $13,615 in medical costs per year, with the military bearing $13,448 of the expense while the family picks up $166, or about 1.2 percent. Under the new plan, families would bear 1.4 percent of the overall cost, which would drop to $13,584, accounting for flat health care costs and savings under consolidation. A working-age retiree's family of three accrues $16,715 in medical costs per year, according to DoD, and pays $1,337, or 8.2 percent of the cost. Under the plan, they would pay $1,666, or 10.2 percent, of the estimated $16,302 cost.

Pentagon officials estimate that the initial changeover to a single Tricare plan would cost the department money — $100 million in fiscal 2016. But it would save $3.1 billion from 2017 through 2020, according to budget documents. The fiscal 2016 defense health budget request is $108 million lower than the fiscal 2015 budget enacted by Congress. But when funds to support medical care for overseas contingency operations are included, the proposal represents an increase of less than 1 percent increase over the 2015 budget. [Source: MilitaryTimes | Patricia Kime | Feb 02, 2015 ++]